

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2009
NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the six month recertification survey conducted at your facility on 2/10/09 through 2/13/09. The census at the time was 138. Twenty Four records including three closed records were reviewed. Two complaints were investigated: CPT # 20230 was not substantiated CPT # 20307 was not substantiated (Unrelated deficiencies F202, F328) The findings and conclusions of any investigation of the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000	<i>This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Desert Lane Care Center agrees with the allegations and citations listed on the statement of deficiencies. Desert Lane Care Center maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Desert Lane Care Center's written credible allegation of compliance.</i> <i>By submitting this plan of correction, Desert Lane Care Center does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Desert Lane Care Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</i>	
F 154 SS=D	483.10(b)(3), 483.10(d)(2) NOTICE OF RIGHTS AND SERVICES The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being. This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to	F 154	F154 NOTICE OF RIGHTS & SERVICES The facility will ensure residents are fully informed of their health status, medical condition, care, treatment and/or changes that could affect their well-being. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i> • Resident #9 now has an informed consent for Seroquel and Klonopin. <i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i> • Psychotropic list has been reviewed for 100% audit of consents for psychotropics. Those missing consents have been completed.	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 154	<p>Continued From page 1</p> <p>ensure residents were fully informed of their health status, medical condition, care, treatment, and/or changes that could affect the resident's well-being for 1 of 24 residents (#9).</p> <p>Findings include:</p> <p>Resident #9</p> <p>Resident #9 was a 64 year old male admitted on 11/5/08, with diagnoses including Hypertension, Urinary Tract Infection, history of Cerebrovascular Accident, Tremors, Dementia, and recent Weight Loss. The resident was primarily Spanish-speaking.</p> <p>Resident #9's Physician Orders dated February 2009, included orders for the following medications:</p> <ul style="list-style-type: none"> - Klonopin/clonazepam 1 mg (milligram) tab (tablet) po BID, - Seroquel/quetiapine fumarate 50 mg 1 po TID (three times a day), and - Prolixin/fluphanazine 5 mg tablet po Q (every) 12 hours PRN (as needed). <p>Resident #9 routinely received the medications Klonopin and Seroquel during the first 12 days of February, 2009 as documented on the Medication Record.</p> <p>Resident #9's medical record lacked documented evidenced of informed consent for the use of psychoactive medications.</p> <p>The resident's medical record did contain informed consent forms for the medications Xanax and Ambien that were not signed and had a hand written note on the forms stating:</p>	F 154	<p><i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i></p> <ul style="list-style-type: none"> • Random audits of consents will be completed x 4 weeks. • Nurses have been re-educated on completing consent forms for psychotropics. • Psychotropic list will continue to be reviewed at QOC meeting for care plan update, diagnosis, and reduction. <p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i></p> <ul style="list-style-type: none"> • Results of audits will be tracked and trended at monthly PI. • To be monitored by Director of Nursing <p><i>Date that the corrective action will be completed:</i></p> <ul style="list-style-type: none"> • Completion date: 3/13/09 		

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/09
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OMB NO. 0938-C

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F 154	Continued From page 2 "12/12/08 Notify Social Service need Public Guardian".	F 154			
F 155 SS=D	483.10(b)(4) NOTICE OF RIGHTS AND SERVICES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents had the right to refuse treatment while care was provided to attain/maintain their highest practicable physical, mental and psychosocial well-being for 2 of 24 residents (#3, #9). Findings include: 1) Resident #3 Resident #3 was a 25 year old male admitted on 12/23/08 with diagnoses including status post Bacteremia, status post Urinary Tract Infection (UTI), Quadriplegia, Neurogenic Bowel and Bladder, and Chronic Pain. Resident #3 had a suprapubic catheter in place and recent hospitalizations for urinary tract infections. On 2/10/09 at 4:00 PM, Resident #3 did not speak when he was asked if his room was comfortable. Resident #3 was wearing headphones and watching a movie on a laptop computer placed on his bedside table. He was laying on his back. Resident #3 did not initiate eye	F 155	F155 NOTICES OF RIGHTS AND SERVICES The facility will ensure the resident has the right to refuse treatment while care is provided to attain and maintain their highest level of well-being. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i> > Resident #3- Social Services, RCM, and Diet Tech met with the resident to develop and discuss a plan of action. IDT updated care plan and added additional care plan allowing resident for limited controls on his part. > Resident #9 currently has a peg tube as well as a psychiatric consult with diagnosis of delirium obtained during a Legal to North Vista hospital on 2/16/09. o Pending Guardianship paperwork has been included in chart. o Physician's letter stating medical necessity is included in medical record. <i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i> • 100% review of care plans for patients with behaviors to update goals and interventions <i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i> • Re-education of nurses on documenting and reporting behavior • Random audits of behavior sheets will be conducted. • Care plans for behaviors to be reviewed monthly at QOC meeting for updating goals and interventions.		

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 155	<p>Continued From page 3</p> <p>contact when spoken to. A full cardboard carton of Ramen Cup of Noodles was placed on top of Resident #3's closet.</p> <p>On 2/11/09 at 8:30 AM, the Social Worker discussed Resident #3 and included the following descriptions:</p> <ul style="list-style-type: none"> - "he thinks he is angry", - he "refuses many things", - he was doing "his own thing" with "movies and music", - he was a "good eater" and - he trusted "certain CNA's" (certified nursing assistants) to provide him care. <p>On 2/11/09 in the midmorning, the Dietary Aide discussed Resident #3 and included the following descriptions:</p> <ul style="list-style-type: none"> - he was a "picky eater", - he had many "food preferences", - he had refused to be "weighed", - he did not receive care from staff if he did not like their "hands", and - he was not "depressed". <p>On 2/13/09 at 9:12 AM, the acting D.O.N. (director of nursing) discussed the care received by Resident #3. The acting D.O.N. indicated the facility interdisciplinary team (IDT) would need to "step in" for Resident #3, develop a plan to teach the resident about the risk of refusals and make a united effort to teach the resident and "family" about healthy behaviors. The acting D.O.N. also indicated the resident's physician would be kept informed.</p> <p>On 2/13/09 at 1:55 PM, Resident #3 did not speak when he was asked if he wanted to talk. Resident #3 was wearing headphones and</p>	F 155	<p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i></p> <ul style="list-style-type: none"> • Review of behaviors will be tracked and trended at monthly PI. • To be monitored by Director of Social Services <p><i>Date that the corrective action will be completed:</i></p> <ul style="list-style-type: none"> • Completion date: 3/13/09 		

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F 155	<p>Continued From page 4</p> <p>watching a Netflix movie on a laptop computer placed on his bedside table. He was laying on his back. Resident #3 did not initiate eye contact when spoken to.</p> <p>Resident #3's medical record included the following documented refusals of care:</p> <ul style="list-style-type: none"> - 10/13/08 Influenza vaccine was declined, - December 2008 weights refused, a 12/24/08 notation on the back of the Weight Record reported "resident refused to be weighed stated nothing will ever change." - 1/1/09 Nutritional Summary "...Res (resident) would often refuses meals and snacks. He would receive outside food as much as possible. Res began to refuse staff to weigh him. He stated he just doesn't like it. Res had no specific eating pattern. Res was d/c (discharged to) acute care facility." - 1/18/09 6:00 AM Nurse's Notes: "Spoke with pt (patient) regarding taking shower. Pt has agreed to shower w/ RA (restorative aides) nurses shower him..." - 1/18/09 2:40 PM Nurse's Notes: "Shower offered to pt x (times) 2 this AM pt refused to answer me or acknowledge that I was speaking w/ (with) him Attempted again before lunch - pt states "if I feel like it then I'll do it..." - Plan of Care: "at risk for Skin Breakdown" dated 1/26/09, stated "prefers to be incontinent of bowel refused to use bedpan", - Plan of Care: "Hx of Verbally Abusive behavior 		F 155		

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F 155	<p>Continued From page 5 and yelling out inappropriately", 1/26/09 "C (continued)",</p> <p>- January 2009 Diet/Nourishment Consumption Record documented 7 breakfasts refused , 4 lunches refused, and 11 dinners refused , and</p> <p>- 2/5/09 Dietary Progress Notes: "...Res (resident) conts (continues) to be very picky about food and about staff. Res will not let some staff feed him and will refuse to eat if there is no in facility he likes to feed him..."</p> <p>Resident #3's persistent refusals to participate in Activities of Daily Living care prevented him from attainment of his highest practicable physical, mental, and psychosocial well-being.</p> <p>2) Resident #9</p> <p>Resident #9 was a 64 year old admitted on 11/5/08, with diagnoses including Hypertension, Urinary Tract Infection, history of Cerebrovascular Accident, Tremors, Dementia, and recent significant Weight Loss. The resident was primarily Spanish-speaking.</p> <p>Resident #9 was scheduled for insertion of a PEG (percutaneous endoscopic gastrostomy) feeding tube on 2/13/09.</p> <p>- On 2/10/09 in the Nurse's Notes with the time noted as "6 - 2", the following was written; "... needs follow up appt (appointment) on 2/13/09. Pt. (patient) is for EGD/PEG (esophagogastroduodenoscopy) placement."</p> <p>- On 2/12/09 in the late afternoon, a social worker indicated a public guardian had not been</p>	F 155			

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F 155	Continued From page 6 assigned for Resident #9 and no consent had been obtained for the procedure. - On 2/12/09 in the late afternoon, Resident #9's physician indicated he would write a "letter" explaining the need for insertion of the PEG feeding tube as there was no public guardian in place. - On 2/13/09 at 1:10 PM, Resident #9 stated (via interpreter and in English) "no tube" and "I no want." Resident #9 indicated he would pull out the newly placed PEG feeding tube and blamed the Spanish speaking interpreter for placement of the feeding tube. The resident was not provided the right to refuse placement of the PEG feeding tube.	F 155	F159 PROTECTION OF RESIDENT FUNDS The facility has a system in place to protect resident funds. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i> ➤ Resident #6- Resident no longer resides in the facility. <i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i> • All residents who have agreed to deposit money with the facility have an interest bearing trust fund. • No resident monies are currently being retained by the Social Services department. <i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i> • Social Services has been re-educated in managing patient funds according to policy and procedure.		
F 159 SS=D	483.10(c)(2)-(5) PROTECTION OF RESIDENT FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section. The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.	F 159			

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BUREAU OF LICENSING, REGISTRATION
& INSURANCE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 159	<p>Continued From page 7</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure appropriate management of resident's funds for 1 of 24 residents (# 6).</p> <p>Findings include:</p> <p>Resident #6</p> <p>Resident #6 was a 67 year old male admitted to the facility on 11/24/08 with diagnoses including</p>	F 159	<p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i></p> <ul style="list-style-type: none"> To be monitored by the Business Office. <p><i>Date that the corrective action will be completed:</i></p> <ul style="list-style-type: none"> Completion date: 3/13/09 		

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F 159	<p>Continued From page 8</p> <p>Presenile Dementia, Coronary Artery Disease, Depression and Suicidal Ideation.</p> <p>On 2/12/09, the Social Worker (SW) revealed Resident #6 had cash funds locked in the safe in the SW office. The SW stated Resident #6 requested that cash obtained from his apartment be placed in the safe in the SW office. The SW counted the money in the presence of a second social worker and the resident. The total amount according to the handwritten receipt dated 1/20/09 was \$4685.00. The SW stated she did not provide Resident #6 with a receipt for the funds.</p> <p>The hand written receipt included withdrawals of money with the resident's signature but did not include any dates as indicated: -\$35 - Advanced Directive -\$5 - (Not accounted for) -\$100 - (Not accounted for) -\$1520 - Funeral Costs, Davis Funeral -\$300 - Shopping</p> <p>According to the SW, the balance of \$2699 in cash, remained locked in the safe in the SW's office.</p> <p>The SW stated she was trying to assist Resident #6 spend down his funds to maintain the resident's Medicaid eligibility. The SW added Resident #6 stated he did not want the money deposited in the bank, therefore she had not deposited this into an interest bearing account.</p> <p>On 2/5/09, Resident #6 signed the Authorization and Agreement to Handle Resident Funds which gave the facility authorization to manage the resident's funds.</p>	F 159			

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F 159	<p>Continued From page 9</p> <p>The statement of Resident #6's Trust Fund account dated 2/11/09 indicated the following: -2/05/09 account opened -2/06/09 credit - \$1126 -2/06/09 Care Cost - \$1091 -2/10/09 Personal Needs Item - \$35 -2/10/09 Balance - 0</p> <p>The facility policy titled Resident Trust Fund dated 2006 revealed: Procedures: "4. Maintaining Documentation Resident Trust Fund documentation is retained in a file labeled by the month. The monthly file needs to contain supporting documentation for any activity in the Resident Trust Fund and the Resident Petty Cash account including deposits, withdrawals and interest allocations. Also retained in the monthly file are the signed monthly Resident Trust Fund and Resident Petty Cash reconciliation, bank statements and a copy of the Quarterly Statements..." "6. Resident Trust Petty Cash C. The amount of the Resident Trust Petty Cash is \$300.00 or as determined by the RAM and RDO..." "9. Interest Allocation A. All resident funds are deposited in an interest bearing bank account." "15. Notification of Certain Balances A. Residents or their legal representatives are notified in writing when their trust fund balance is within \$200 of the Medicaid eligibility limits. B. A copy of this notification is filed in the resident's financial file..."</p> <p>There was no documented evidence in Resident #6's financial files of official receipts for deposits,</p>	F 159			

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BUREAU OF LICENSING AND CERTIFICATION
LAS VEGAS, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2009
NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 159	Continued From page 10 withdrawals or that funds were deposited in an interest bearing account.	F 159	F315 URINARY INCONTINENCE The facility will ensure that residents are not catherized unless the clinical condition demonstrates necessity.	
F 315 SS=D	483.25(d) URINARY INCONTINENCE Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to ensure that residents were not catheterized unless the clinical condition demonstrated that catheterization was necessary for 4 of 24 sample residents (#11, #4, #3, #5). Findings include: 1) Resident #11 Resident #11, a 79 year old female, was originally admitted to the facility on 11/18/08 and readmitted on 1/13/09, with diagnoses including Bacteremia, Duodenal Ulcer, Hypertension, Infection-Staph Aureus, Anemia and Aortic Atresia/Stenosis. Resident #11's original admission orders from the acute care facility dated 11/18/08, revealed a physician's order for the Foley catheter to be discontinued for "no justification for use."	F 315	<i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i> <ul style="list-style-type: none"> ➤ Resident #11 has had foley catheter discontinued. ➤ Resident #4 has had foley catheter discontinued ➤ Resident #3 has order and diagnoses for catheter use. ➤ Resident #5 has order and diagnoses for catheter use. <i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i> <ul style="list-style-type: none"> • 100% audit completed of all charts to determine those with catheters who need assessments, orders, diagnoses and care planning. <i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i> <ul style="list-style-type: none"> • Nursing was re-educated on policy and procedure for foley catheters. • Care plans have been updated for proper interventions and goals. <i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i> <ul style="list-style-type: none"> • To be monitored by DON. <i>Date that the corrective action will be completed:</i> <ul style="list-style-type: none"> • Completion date: 3/13/09 	

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F 315	<p>Continued From page 11</p> <p>The resident was discharged to an acute care facility on 12/25/08, for Altered Mental Status Symptomatology, Anemia and Fever, Bacteremia and Urinary Tract Infection (UTI), according to the acute care facility clinical report dated 12/25/08.</p> <p>Resident #11 was readmitted to the facility with a Foley catheter from the acute care facility on 1/13/09, according to the pre-admission assessment form. The nursing assessment form dated 1/13/09, under the disease/diagnosis section, indicated the resident entered the facility with a UTI. There was no indication under the genitourinary section of the nursing assessment indicating Resident #11 had a Foley catheter and the indication for its use.</p> <p>Resident #11 was observed 2/10/09 - 2/13/09 to have a Foley catheter with yellow colored urine in the Foley bag.</p> <p>The facility's policy and procedure guidelines for catheters dated 3/2006, indicated that Foley catheters were only to be used in circumstances in which no alternative is available. The policy further indicated that catheters were to be removed as soon as possible when no longer clinically indicated. The policy and procedure guidelines for catheter use also revealed that an Initial Assessment for Bowel and Bladder training form was to be completed, which indicated whether a resident has a Foley catheter and the reason for its use.</p> <p>Resident #11's Initial Assessment for Bowel and Bladder training form dated 1/13/09, lacked documented evidence that the resident had a Foley catheter or the reason for its use. There</p>	F 315			

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F 315	<p>Continued From page 12</p> <p>was no order by the physician for the use of Resident #11's Foley catheter or indications for its use. The resident's care plan lacked documentation regarding the use or care of a Foley catheter for Resident #11.</p> <p>On the morning of 2/13/09, the acting Director of Nurses (DON) indicated that the use of a Foley catheter should have been assessed for Resident #11, per the facility's policy and procedure.</p> <p>The lab results dated on 1/25/09 indicated the following lab results:</p> <table border="0"> <thead> <tr> <th>Results</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Range</td> <td></td> </tr> <tr> <td>-Appearance of urine= Cloudy</td> <td>Clear</td> </tr> <tr> <td>-Wbc = greater than >50</td> <td><5</td> </tr> <tr> <td>-Rbc= 0-3</td> <td><3</td> </tr> <tr> <td>-Leukocyte Estrate= 3+</td> <td>Negative</td> </tr> <tr> <td>-Bacteria = few</td> <td>None</td> </tr> </tbody> </table> <p>A physician's order form dated 1/25/09, revealed a new order for Augmentin 875mg x 10 days for UTI.</p> <p>The facility failed to assess the continued use for Resident #11's Foley catheter upon admission and her continued stay up to 2/13/09. The laboratory results just prior to the resident's admission on 1/11/09 and her lab results collected on 1/25/09 while at the facility, resulted in the physician's order for antibiotic medication for treatment of a UTI on 1/25/09.</p> <p>2) Resident #4</p> <p>Resident #4, a 45 year old male, was readmitted to the facility on 1/29/09, with diagnoses of</p>	Results	Reference	Range		-Appearance of urine= Cloudy	Clear	-Wbc = greater than >50	<5	-Rbc= 0-3	<3	-Leukocyte Estrate= 3+	Negative	-Bacteria = few	None	F 315			
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F 315	<p>Continued From page 13</p> <p>Human Immunodeficiency Virus, UTI, hx of Cerebrovascular Accident, Hypertension and Congestive Heart Failure. The resident came from an acute care facility with an indwelling Foley catheter.</p> <p>Resident #4 was observed with an indwelling Foley catheter on 2/10/09 and the morning of 2/11/09. The resident was transferred to an acute care facility on 2/11/09, for chest pains.</p> <p>The facility's Initial Assessment for Bowel and Bladder Training form dated 1/29/09, indicated that the resident requested toileting. There was no documentation for the reason for the resident's catheter on the assessment form, nor was there a physician's order for its use in the medical record.</p> <p>The interim careplan dated 1/29/09, under the section Foley Catheter, is checked off for "Assess for continued use," however no assessment was conducted. No interventions were documented regarding catheter care or indications for use in the care plan.</p> <p>On the morning of 2/13/09, the acting DON indicated an assessment for the use of the Foley catheter should have been done as indicated in the facility's policy and procedure for catheter care.</p> <p>3) Resident #3</p> <p>Resident #3 was a 25 year old admitted on 12/23/08 with diagnoses including status post Bacteremia, status post Urinary Tract Infection, Quadriplegia, Neurogenic Bowel and Bladder, and Chronic Pain. Resident #3 had a suprapubic catheter in place.</p>	F 315			

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F 315	<p>Continued From page 14</p> <p>On 2/8/09 at 11:30 AM, the Nurse's Notes included the following documentation: "Spoke c (with) MD (physician) regarding suprapubic catheter leaking. per MD sent pt (patient) to UMC (University Medical Center) to change suprapubic catheter". The physician's telephone order dated 2/8/09, documented the following: "send pt (patient) to UMC to change suprapubic Foley d/t (due to) Foley leaking."</p> <p>On 2/8/09 at 3:08 PM, a nursing reassessment note from a UMC emergency room nurse included the following documentation: "Received pt from EMS (emergency medical service) awake, oriented, cooperative c/o (complained of) pain (6 out of 10) and leaking suprapubic catheter. Pt. came from nursing home and sts (states) his catheter has not been changed for 6 wks (weeks). Initial nsg (nursing) assessment done and v/s (vital signs) checked."</p> <p>On 2/8/09 at 3:10 PM, a nursing reassessment note from a UMC emergency room nurse included the following documentation: "Insertion site of suprapubic catheter with yellowish discharges and bsb (bedside bag) with cloudy urine."</p> <p>On 2/8/09 at 4:50 PM, a UMC laboratory urinalysis specimen included the following abnormal findings:</p> <table border="0"> <tr> <td>- "Appearance SI (slightly) cloudy"</td> <td>clear</td> </tr> <tr> <td>- "Leukocyte esterase Trace"</td> <td>negative</td> </tr> <tr> <td>- "Nitrite Positive"</td> <td>negative</td> </tr> <tr> <td>- "Protein 2+"</td> <td>negative</td> </tr> <tr> <td>- "Blood 3+"</td> <td>negative</td> </tr> <tr> <td>- "WBC 5 - 10"</td> <td>0 - 8</td> </tr> <tr> <td>- "RBC 50 - 99"</td> <td>0 - 3</td> </tr> </table>	- "Appearance SI (slightly) cloudy"	clear	- "Leukocyte esterase Trace"	negative	- "Nitrite Positive"	negative	- "Protein 2+"	negative	- "Blood 3+"	negative	- "WBC 5 - 10"	0 - 8	- "RBC 50 - 99"	0 - 3	F 315			
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F 315	<p>Continued From page 15</p> <p>- "Squamous epithelial Few" none</p> <p>- "Bacteria Few". none</p> <p>On 2/8/09 at 7:44 PM, the UMC physician noted the following diagnoses: "Primary: Urinary Catheter Change" and "Secondary: UTI (urinary tract infection)."</p> <p>On 2/8/09 at 10:45 PM, the Nurse's Notes included the following documentation: "pt returned from UMC - d/c (discharge summary) states pt c (with) UTI (urinary tract infection), given Cipro & (and) to cont (continue)..."</p> <p>On 2/13/09 at 1:20 PM, an LPN (licensed practical nurse) indicated Resident #3 told the "night nurse something was wrong" with his catheter on the night shift of 2/8/09. The LPN reported Resident #3 "knows if something is wrong" and the resident returned from UMC on the evening of 2/8/09 with "a UTI."</p> <p>On 2/13/09 at 1:25 PM, an LPN revealed suprapubic catheter care was performed by the "wound care nurse on days." At 1:35 PM, the Wound Care nurse stated suprapubic catheter care was completed every shift, "the nurses do it, RNs (registered nurse) and LPNs (licensed practical nurse)."</p> <p>Resident #3's Physician's Orders for February 2009, listed the following: "Supra Pubic Catheter Care Per Protocol."</p> <p>Resident #3's "Comprehensive Plan of Care" dated 1/26/09, identified "...Suprapubic Catheter...at Risk for Increased Urinary Track (sp) Infections" as a "...Problem/Need". The plan of care listed the following as "Approach #5"</p>	F 315			

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F 315	Continued From page 16 (intervention): "Cath. care per order." Resident #3's February, 2009 Medication Record lists "Supra Pubic Catheter Care Per Protocol." There was no documented evidence suprapubic catheter care was provided for the first 13 days of February, 2009. 4) Resident #5 Resident #5 was originally admitted on 9/27/04 and re-admitted on 11/1/08 with diagnoses including Congestive Heart Failure, Urinary Tract Infection, Chronic Kidney Disorder, Diabetes, Retention of Urine, and Hypertension. Resident #5's Daily Skilled Nursing Notes dated 11/2/08 and the Weekly Nursing Summary dated 11/7/08 documented the resident had an indwelling Foley catheter. The initial Physician's Orders form dated 11/1/08 revealed the treatment section for Foley catheters was blank. There was no documented evidence the physician ordered an indwelling Foley catheter for Resident #5. There was no documented evidence of physician ordered maintenance and care for Resident #5's indwelling Foley catheter until 3 weeks later on 11/24/08. There was no documented evidence that a care plan for Foley care and maintenance was initiated for Resident #5.	F 315			
F 325	483.25(i) NUTRITION	F 325			

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F 325 SS=D	<p>Continued From page 17</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain weight and protein levels at acceptable parameters and ensure a therapeutic diet for 2 of 24 residents (# 1, #15).</p> <p>Findings include:</p> <p>1) Resident #1</p> <p>Resident #1 was a 51 year old female admitted to the facility on 11/19/08 with diagnoses including Fracture of the Femur, Pressure Ulcers, Schizophrenia and Bipolar Disorder.</p> <p>Weekly weight record revealed:</p> <p>11/26/08 - 93.1 pounds 12/05/08 - 89.1 pounds 12/10/08 - 87.1 pounds 12/23/08 - 84.2 pounds 12/31/08 - 80.4 pounds 01/07/09 - 83.2 pounds 01/13/09 - 84.1 pounds</p>	F 325	<p>F325 NUTRITION</p> <p>The facility will ensure that a resident maintains acceptable perimeters of nutritional status and receives a therapeutic diet when there is a nutritional need.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <ul style="list-style-type: none"> ➤ Resident #1- Resident was placed on dietary supplements, weekly weights, reviewed in QOC and care plan updated. ➤ Resident #15- Updated resident care plan for specific approaches during acute periods of constipation. Placed on weekly weights. Acute episodic constipation resolved. <p><i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <ul style="list-style-type: none"> • All residents with a body mass index of less than 19 will have a care plan review for updated appropriate and effective nutritional approaches and goals. <p><i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i></p> <ul style="list-style-type: none"> • Weights to be reviewed and analyzed monthly by DON and Dietary Tech for discrepancy and need for possible re-weigh. • No short term use of supplements or appetite stimulants for less than 30 days to accurately determine the success of intervention. • Consumption monitoring for residents to determine those whose intake has declined. • All dietary supplements will be reported on the MARS for percentage of consumption. • Nursing, dietician and diet tech have been re-educated on communicating 	

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F 325	<p>Continued From page 18</p> <p>01/22/09 - 84.4 pounds 01/27/09 - 85.2 pounds 02/05/09 - 84.6 pounds</p> <p>Dietary Assessment Dated 11/26/08 revealed</p> <ul style="list-style-type: none"> - Height - 61 inches - Weight - 97.8 pounds - Ideal Body Weight (IBW) range - 105 +/- 10% - 89% IBW <p>Plan:</p> <ul style="list-style-type: none"> - Regular diet - Whole milk and Healthshake every meal - Snack twice a day of healthshake and cookies - 2 dry cereal and 2 whole milk with every breakfast - MVI (multivitamin) with minerals <p>Dietary Progress Notes revealed the following: 12/18/08 - "> 10% wt (weight) loss in < 1 month. Severe decrease in underweight patient..." "Severe weight loss..." "Plan : Continue Healthshake with every meal" - "Megace 400 milligrams bid (twice a day)" - "8 ounces of juice at 10 am, 3 PM and 8 PM."</p> <p>1/8/09 "Res (Resident) has a CBW (Calculated Body Weight) of 83.2 # (pounds) (1/7/09) shows a variance of Increase of 2.8# (3.5%) x (times) 1 week, decrease 5.9# (6.6%) since beginning of December 2008 and decrease of 14.6# (14.9%) since admit weight on 11/20/09..." - "Labs drawn 1/1/09 show pre-alb (albumin) borderline normal but creatinine, BUN (Blood Urea Nitrogen), Total Protein are all below normal limits. Resident was started on Megace and appetite is showing a slight improvement....Dietary to continue POC (Plan of Care) since there appears to be mild improvement."</p>	F 325	<p>therapeutic needs, tracking of weight loss using the 24 hour report for communication between departments.</p> <ul style="list-style-type: none"> • Any weight loss identified will be reviewed within 24 hours at QOC meeting with IDT. • Weight losses will be reviewed for possible significant change on MDS and care plans will be updated for intervention. <p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i></p> <ul style="list-style-type: none"> • Monthly weight issues will be tracked and trended at PI meeting. • To be monitored by DON & Dietary Tech <p><i>Date that the corrective action will be completed:</i></p> <ul style="list-style-type: none"> • Completion date: 3/13/09 		

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F 325	<p>Continued From page 19</p> <p>There were no Dietary Progress Notes for February.</p> <p>Physician order's included the following:</p> <ul style="list-style-type: none"> - 12/18/08 Megace 400 mg bid - 01/01/09 Increase Megace to 400 mg tid (three times a day) for 1 week - 01/11/09 Ensure 1 can tid (three times a day) x 10 days <p>Documentation on the Medication Administration (MAR) Sheet revealed:</p> <ul style="list-style-type: none"> - Megace given as ordered but discontinued on 1/9/09. No orders obtained to restart medication twice a day, in spite of resident's low weight and appetite. - Ensure 1 can given on 1/12/09 at 4:00 PM; 1/14/09 at 4:00 PM; 1/19 at 8:00 am & 4:00 PM only. - Ensure not available on 1/13 and 1/20. - No documented evidence that Ensure was given on the other days as ordered. <p>Documentation on the Diet /Nourishment Consumption Record dated January 2008 and February 2008 revealed:</p> <ul style="list-style-type: none"> - Resident #1 consistently consumed < 75% of her meals. - No documentation Resident #1 received and drank the healthshakes at each meal. <p>On 2/11/09 in the morning, the Dietician and Dietary Technician revealed that Resident #1 was no longer followed by dietary since she had demonstrated a slight increase in weight. The dietary technician indicated the dietary department received information regarding the resident's intake primarily from the dietary aides</p>	F 325			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/13/2009
NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106		
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F 325	<p>Continued From page 20</p> <p>who assisted the residents. If the resident's intake was consistently low, the dietary aide would notify the dietician for further follow up. According to the dietary technician, the dietary aides had not notified the dietary technician that Resident #1's intake was low.</p> <p>On 2/11/09 in the afternoon, Resident #1 was lying flat in bed on her back. An open can of Ensure was on the bedside table. Resident #1 stated she could not reach the Ensure and asked for assistance so she could drink the supplement. A CNA (Certified Nursing Assistant) entered the room to assist Resident #1. Resident #1 took a couple of sips of the Ensure, and then requested to lie flat in bed again.</p> <p>On 2/12/09 at 11:30 AM, Resident #1 was in the Resident Assistance Dining Room. Resident #1 consumed 1 1/2 bowls of cereal and 2/3 of the Healthshake. Resident #1 did not eat any other food that was offered including beef tips, vegetables or rice.</p> <p>2) Resident #15</p> <p>Resident #15 was a 57 year old male readmitted to the facility on 11/7/08 with diagnoses including Peripheral Vascular Disease, Chronic Obstructive Pulmonary Disease, Diabetes and Chronic Pain.</p> <p>The resident had a recorded weight of 165 lbs (pounds) on 12/16/08.</p> <p>His next recorded weight, 1/8/09, was 156 lbs.</p> <p>His "Diet/Nourishment Consumption Record" contained no entries from 1/1/09 through 1/22/09.</p>	F 325			

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F 325	Continued From page 21 The Problems area of his Care Plan documented the weight loss. However, the Goals and Approaches areas of the Care Plan were not updated to include the introduction of weekly weights nor the fact the resident had a brace removed. His Care Plan contained a Problem area of Constipation. However, there was no documented evidence this need was correlated to the weight loss, as indicated in an interview with the Dietary Manager on 2/13/09.	F 325			
F 328 SS=D	483.25(k) SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure appropriate monitoring of residents' respiratory status on 2 of 24 residents (# 22, #5). Findings include: Facility policy titled Pulse Oximetry dated 3/2006 revealed:	F 328	F328 SPECIAL NEEDS The facility will ensure the resident receives proper treatment and care for special services-respiratory status. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i> ➤ Resident #22- resident no longer resides at facility. ➤ Resident #5- resident oxygen discontinued by physician. <i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i> • 100% audit of resident charts with O2 orders <i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i> • Nursing has been re-educated in writing oxygen orders to include documentation of O2 saturation and notification of MD for abnormalities. • O2 saturations will be documented on the MAR to determine need for PRN oxygen.		

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F 328	<p>Continued From page 22</p> <p>Procedures: "8. Document saturation levels at least every two hours or as directed by physician...." "9. Document the following information in the medical record: A. Date and time of the procedure. B. Results obtained. C. FiO2 (Fractional Inspired Oxygen) and type of oxygen delivery device..."</p> <p>1) Resident #22</p> <p>Resident #22 was an 80 year old female admitted to the facility on 10/23/08 with diagnoses including Coronary Artery Disease, Renal Insufficiency, Dementia and Congestive Heart Failure.</p> <p>Physician's orders dated 10/23/08 indicated: - Oxygen via nasal cannula to maintain SPO2 (pulse oximetry saturation) greater than or equal to 92%.</p> <p>Medication Administration Record (MAR) dated October 2008 and November 2008 revealed: - The nurses initialed that the SPO2 was monitored every shift - There was no documentation of the SPO2 value - There was no documentation that SPO2 was monitored on the following days: 10/27 - 11-7 shift 10/28 - 11-7 shift 10/29 - 11-7 and 3-11 shift 10/30 - all day 10/31 - all day 11/1 - 3-11 shift 11/2 - 3-11 shift 11/5 - 3-11 shift 11/9 - 7-3 and 3-11 shift</p>	F 328	<ul style="list-style-type: none"> Additional O2 monitor has been ordered and received. <p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i></p> <ul style="list-style-type: none"> To be monitored by DON <p><i>Date that the corrective action will be completed:</i></p> <ul style="list-style-type: none"> Completion date: 3/13/09 		

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F 328	<p>Continued From page 23 11/9 - 7-3 and 3-11 shift.</p> <p>Nurse's notes dated 11/10/08 at 3:00 PM revealed " Pt (patient) confused, skin pale, respirations 24, Rales and Rhonchi. O2 Sat (Oxygen Saturation) 89% on RA (Room Air) Marked pedal edema."</p> <p>Physician's orders dated 11/10/08 revealed a telephone order to transfer the resident to UMC (University Medical Center) for respiratory evaluation and possible congestive heart failure.</p> <p>On 2/13/09 in the morning, the DON (Director of Nurses confirmed that saturation levels should be documented when pulse oximetry levels were taken.</p> <p>2) Resident #5</p> <p>Resident #5 was originally admitted on 9/27/04 and re-admitted on 11/1/08 with diagnoses including Congestive Heart Failure, Urinary Tract Infection, Chronic Kidney Disorder, Diabetes, Retention of Urine, and Hypertension.</p> <p>Physician's orders dated 11/2/08, for Resident #5, documented:</p> <p>"...O2 (Oxygen) at 2L/MN (Liters Per Minute) via nasal cannula. Keep PO4 +> 92% (Greater than) PRN (As Needed). Maintain at 95 - 96%..."</p> <p>Resident #5's January 2009 Medication Record had only the nurses initials documented and not saturation levels for each shift.</p> <p>On 2/13/09 in the morning, the Director of</p>	F 328			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/13/2009
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F 328	Continued From page 24 Nursing confirmed that saturation levels should be documented when pulse oxygenation levels were being taken.	F 328			
F 371 S8=F	<p><i>S/S decrease to 4/9/09.</i></p> <p>483.35(i) SANITARY CONDITIONS</p> <p>The facility must -</p> <ol style="list-style-type: none"> (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions <p>This REQUIREMENT is not met as evidenced by: Based on observations the facility failed to ensure food was stored, prepared and distributed under sanitary conditions.</p> <p>Findings include:</p> <p>During the initial kitchen tour in the morning of 2/10/09 the following was observed:</p> <ul style="list-style-type: none"> - Raw ground meat was stored next to cooked sliced turkey in the "reach - in" refrigerator. - The temperature taken on the cottage cheese and milk, stored in the "reach - in" refrigerator, was 52 degrees F (Fahrenheit). - The meat slicer was stored containing food debris. - The scoops were in the flour and sugar bins. 	F 371	<p>F371 SANITARY CONDITIONS</p> <p>The facility will store, prepare and distribute food under sanitary conditions.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <ul style="list-style-type: none"> ➤ Raw meat is no longer stored to cooked meat ➤ Cottage cheese was discarded and not served ➤ Meat slicer has been thoroughly cleaned ➤ Scoops removed from flour bins ➤ Vegetable sink water temperature reaches approved temperature level recommendations ➤ Hand soap is currently filled and available at the dish room hand sink. <p><i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <ul style="list-style-type: none"> • Surveyors provided facility Food Service Establishment Inspection Report upon exit. All issues have been addressed. <p><i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i></p> <ul style="list-style-type: none"> • Dietary tech will perform sanitation review identifying areas of deficiency. • Dietary Manager will perform routine sanitation review using the Dietary Safety Sanitation Audit Worksheet. Areas identified will be corrected. • Re-educate dietary staff on proper food storage, utensil placement and cleanliness. • Administrator will perform random audits through dietary department for compliance. 		

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F 371	Continued From page 25 - There was no hot water in the "vegetable prep sink". - There was no hand soap at the dish room hand sink.	F 371	<i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i> • Sanitation reports and corrective actions will be reviewed by Administrator. • To be monitored by Dietary Tech and Administrator.		
F 465 SS=D	483.70(h) OTHER ENVIRONMENTAL CONDITIONS The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a sanitary and comfortable environment for residents, staff and the public. Findings include: 1) Unsampled Resident On 2/10/09 at 8:55 AM during the facility tour, a strong odor of feces was detected outside room 63 in the D hall. On the bedside table of bed 63B was a bedpan containing a large amount of brown, formed feces. The registered nurse providing the tour told a nursing assistant to assist the resident in 63B. A nursing assistant entered room 63 and left room 63 without emptying the bedpan. On 2/10/08 at 9:04 AM, a second nursing assistant entered room 63, picked up the bedpan containing the feces, and emptied the contents of the bedpan into the toilet. 2) Resident #10	F 465	<i>Date that the corrective action will be completed:</i> • Completion date: 3/13/09 F465 OTHER ENVIRONMENTAL CONDITIONS The facility will provide a sanitary and comfortable environment for staff, residents and the public. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i> ➤ Room 63B is being monitored for proper bedpan sanitation and storage. ➤ Resident #10- Social Services followed up with resident's odor concerns. Resident had no concerns at this time and stated "her sense of smell is not actually reliable because she is so sensitive to all smells". ➤ Resident #19- Social Services has followed up with this resident in regards to his odor complaint. The resident stated he has no further odor complaints.		

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F 465	<p>Continued From page 26</p> <p>Resident #10 was a 68 year old admitted on 1/24/08, with diagnoses including the following Diabetes Mellitus, Urinary Tract Infection, Urinary Retention, and Deconditioning.</p> <p>On 2/10/09 at 4:15 PM, Resident #10 reported smelling "things" like "poop and pee". Resident #10 indicated "strong smells" were detected near the social worker's office.</p> <p>3) Resident #19</p> <p>Resident #19 was a 51 year old admitted on 9/11/08, with diagnoses including the following Pressure Ulcer, Paraplegia, and General Muscle Weakness.</p> <p>On 2/11/09 at 2:45 PM, Resident #19 reported the hallway outside his room smelled like "pee". "Why can't they do something about it?" The urine smell was described to occur "mostly in the day time".</p> <p>Observations</p> <p>On 2/10/09 at 10:40 AM, a strong smell of urine was detected at the Side 2 nurse's station.</p> <p>On 2/11/09 at 8:30 AM, a strong smell of urine was detected outside room 46, near the social worker's office.</p> <p>On 2/12/09 at 10:00 AM, a strong smell of urine was detected at the Side 2 nurse's station.</p>	F 465	<p><i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <ul style="list-style-type: none"> Odors to be addressed at Resident Council <p><i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i></p> <ul style="list-style-type: none"> Guardian angel rounds have included odor monitoring. Rounds to be done by the Director of Housekeeping for odors. <p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i></p> <ul style="list-style-type: none"> To be monitored by Director of Housekeeping and Director of Nursing. Topic will continue to be discussed at Resident Council monthly meeting. <p><i>Date that the corrective action will be completed:</i></p> <ul style="list-style-type: none"> Completion date: 3/13/09 		

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